

How to submit an **OUT OF STATE TRAVEL REQUEST** in Iowa Grants
You do NOT need to complete this form for in state training/conferences

- Go to www.iowagrants.gov and log in
- Click on **My Grants** and then select grant for current fiscal year
- Click on **Status Reports**
- Click on **Add** at the top of the page

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Grant/Project Tracking

Grant/Project: 375962 - Teamville - 2021

Status: Underway

Program Area: GTSB Test Program

Grantee Organization: Grant Testing, Department of

Program Officer: Sheri Lyn Krohn

Awarded Amount: \$112,850.00

- Select **Travel Request** from the Status Report Type drop down menu
- For the **Title Field**, enter the name of the training you wish to attend and the year in which it will take place, followed by the words "Travel Request"
- Click on the calendar icons to enter the training start and end dates in the **Report Period** fields
- Click **Save** in upper right corner

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Grant Tracking

General Information

Use the drop down box to select the type of report that you want to submit. Then enter the period of time that the report will detail.

Status Report Type:* Travel Request

Title Lifesavers 2021 Travel Request

Report Period 03/22/2021 03/25/2021

From Date To Date

- Click **Return to Components**

General Information Return to Components

Use the drop down box to select the type of report that you want to submit. Then enter the period of time that the report will detail.

ID: 377997

Status Report Status: Editing

Due Date:

Status Report Type:* Travel Request

Title Lifesavers 2021 Travel Request

Report Period 03/22/2021 03/25/2021

From Date To Date

- Click on **Travel Request** in the table

Components Preview Submit		
Complete each component of the status report and mark it as complete. Click Submit when you are done.		
Name	Complete?	Last Edited
General Information	✓	10/05/2020
Travel Request		

- Click on **Edit** in the upper right hand corner

Menu | Help | Log Out
Back | Print | Add | Delete | **Edit** | Save

Grant/Project Tracking

Status Report: 373742 - 30

Grant: 373742-Des Moines PD 2021 Tester
Status: Editing
Program Area: GTSB Test Program
Grantee Organization: Grant Testing, Department of
Program Manager: Regina Sterbenz

Instructions
Out of State travel requests must be submitted at least six (6) weeks prior to the requested travel date for approval.
To add multiple line items, click "Add". After required information is completed, click "Save".
After completing the section with required information, select "Edit" to include comments and add attachments.

- Answer the required question Yes/No
- Answer the required Reason for Attending & Comments Section by typing in the provided text box
- Click **Save** in the upper right hand corner

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | **Save**

Grant/Project Tracking

Status Report: 373742 - 02

Grant: 373742-Des Moines PD 2021 Tester
Status: Editing
Program Area: GTSB Test Program
Grantee Organization: Grant Testing, Department of
Program Manager: Regina Sterbenz

Instructions
Out of State travel requests must be submitted at least six (6) weeks prior to the requested travel date for approval.
To add multiple line items, click "Add". After required information is completed, click "Save".
After completing the section with required information, select "Edit" to include comments and add attachments.

Out of State Travel Request
Does this contract allow for travel? ☒ Yes ☐ No

Travel Request Information
To add multiple line items, click "Add". After required information is completed, click "Save". Then click "Add" if multiple lines are needed.

First Name	Last Name	Name of Training/Conference	Start Training Date	End Training Date	Location	Registration Expense	Mode of Transportation	Transportation Estimated Expense	Luggage Estimated Expense	Parking or Ride Hailing Estimated Expenses	Meals Estimated Expenses	Lodging Estimated Expense	Other Estimated Expense(s)	Travel Authority First Name	Travel Authority Last Name	Title

Reason for Attending & Comments
Reason for Attending*

This national conference will provide me an opportunity to attend the CPS track as well as the impaired driving track to help me refresh my program practices and hear from fellow experts in the field about what is working and what is not.

- Click **Add** in the upper right corner of the Travel Request Information box

Travel Request Information														Add			
First Name	Last Name	Name of Training/Conference	Start Training Date	End Training Date	Location	Registration Expense	Mode of Transportation	Transportation Estimated Expense	Luggage Estimated Expense	Parking or Ride Hailing Estimated Expenses	Meals Estimated Expenses	Lodging Estimated Expense	Other Estimated Expense(s)	Total Estimated Expenses	Travel Authority First Name	Travel Authority Last Name	Title

- Complete the required traveler information

Menu |
 Help |
 Log Out

Back |
 Print |
 Add |
 Delete |
 Edit |
 Save

Grant Tracking

Status Report: 373742 - 02

Grant: 373742-Des Moines PD 2021 Tester
Status: Editing
Program Area: GTSB Test Program
Grantee Organization: Grant Testing, Department of
Program Manager: Regina Sterbenz

Instructions

Out of State travel requests must be submitted at least six (6) weeks prior to the requested travel date for approval.

To add multiple line items, click "Add". After required information is completed, click "Save".

After completing the section with required information, select "Edit" to include comments and add attachments.

Travel Request Information

To add multiple line items, click "Add". After required information is completed, click "Save". Then click "Add" if multiple lines are needed.

First Name*
Last Name*
Name of Training/Conference*
Start Training Date*
End Training Date*
Location*
Registration Expense*
Mode of Transportation*
Transportation Estimated Expense*
Parking or Ride Hailing Estimated Expenses*
Meals Estimated Expenses*
Lodging Estimated Expense*
Other Estimated Expense(s)*
If no expenses, enter 0. If other expenses, explain in Comment Section.

The person authorizing travel should be either the Contract Designee (Article 5.2 of the contract) or the Key Personnel (Article 6.0 of the contract) and must be different than the person attending training.

Travel Authority First Name*
Travel Authority Last Name*
Title*

[Return to Top](#)

- Click **Return to Top**, and then click **Save**

- If there are additional travelers, click **Add** again in the upper right corner and repeat the steps above, until all travelers have been entered.

Travel Request Information														Add			
To add multiple line items, click "Add". After required information is completed, click "Save". Then click "Add" if multiple lines are needed.																	
First Name	Last Name	Name of Training/Conference	Start Training Date	End Training Date	Location	Registration Expense	Mode of Transportation	Transportation Estimated Expense	Luggage Estimated Expense	Parking or Ride Hailing Estimated Expenses	Meals Estimated Expenses	Lodging Estimated Expense	Other Estimated Expense(s)	Total Estimated Expenses	Travel Authority First Name	Travel Authority Last Name	Title
Brandi	Thompson	Lifesavers	03/22/2021	03/25/2021	Gulf Shores, AL	\$350.00	Airplane	\$425.00	\$50.00	\$100.00	\$100.00	\$1,000.00	\$0.00	\$2,025.00	TJ	Thompson	Chief

To enter additional travelers

- Once you are finished entering all travelers, click **Edit** at the top of the page

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Grant/Project Tracking

Status Report: 373742 - 02

Grant: 373742-Des Moines PD 2021 Tester

Status: Editing

Program Area: GTSB Test Program

Grantee Organization: Grant Testing, Department of

Program Manager: Regina Sterbenz

Instructions

Out of State travel requests must be submitted at least six (6) weeks prior to the requested travel date for approval.

To add multiple line items, click "Add". After required information is completed, click "Save".

After completing the section with required information, select "Edit" to include comments and add attachments.

Out of State Travel Request

Does this contract allow for travel? Yes

Mark as Complete | Go to Status Report Forms

Travel Request Information														Add			
To add multiple line items, click "Add". After required information is completed, click "Save". Then click "Add" if multiple lines are needed.																	
First Name	Last Name	Name of Training/Conference	Start Training Date	End Training Date	Location	Registration Expense	Mode of Transportation	Transportation Estimated Expense	Luggage Estimated Expense	Parking or Ride Hailing Estimated Expenses	Meals Estimated Expenses	Lodging Estimated Expense	Other Estimated Expense(s)	Total Estimated Expenses	Travel Authority First Name	Travel Authority Last Name	Title
Brandi	Thompson	Lifesavers	03/22/2021	03/25/2021	Gulf Shores, AL	\$350.00	Airplane	\$425.00	\$50.00	\$100.00	\$100.00	\$1,000.00	\$0.00	\$2,025.00	TJ	Thompson	Chief

- Attach your Travel Request Documentation (conference agenda, airline quotes, etc.)
- To attach documentation, click on the **Choose File button**, and double click on your document name. It should now appear next to the Choose File button.
- Click on **Return to Top**

Attachment

Attachment(s) Choose File Airline Quot... Agenda.pdf

Attach an agenda and any other documents that further explain the scope and nature of the requested travel.

Return to Top

- Click **Save** in the upper right hand corner

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Grant/Project Tracking

Status Report: 373742 - 02

Grant: 373742-Des Moines PD 2021 Tester

Status: Editing

Program Area: GTSB Test Program

Grantee Organization: Grant Testing, Department of

Program Manager: Regina Sterbenz

- Click **Mark as Complete**

Out of State Travel Request [Mark as Complete](#) | [Go to Status Report Forms](#)

Does this contract allow for travel? ☒ Yes

Travel Request Information [Add](#)

To add multiple line items, click "Add". After required information is completed, click "Save". Then click "Add" if multiple lines are needed.

First Name	Last Name	Name of Training/Conference	Start Training Date	End Training Date	Location	Registration Expense	Mode of Transportation	Transportation Estimated Expense	Luggage Estimated Expense	Parking or Ride Hailing Estimated Expenses	Meals Estimated Expenses	Lodging Estimated Expense	Other Estimated Expense(s)	Total Estimated Expenses	Travel Authority First Name	Travel Authority Last Name	Title
Brandi	Thompson	Lifesavers	03/22/2021	03/25/2021	Gulf Shores, AL	\$350.00	Airplane	\$425.00	\$50.00	\$100.00	\$100.00	\$1,000.00	\$0.00	\$2,025.00	TJ	Thompson	Chief

- Click **Submit**

Components [Preview](#) | [Submit](#)

Complete each component of the status report and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	10/05/2020
Travel Request	✓	10/05/2020

- If there are no further edits to this form, click **OK**

1602261706536

www.iowagrants.gov says

Submitting the Status Report will lock all sections from further editing. Have you completed all sections? Are you sure you are ready to submit this Status Report?

[OK](#) [Cancel](#)

Once you see the screen below, you will know that your submission was successful and your Program Administrator has been notified of your submission.

Status Report Submitted Confirmation

You have successfully submitted your Status Report with Status Report ID [377557]. Grantor has received your Status Report for evaluation. You can return to the Grant forms by clicking [here](#)